Drug Utilization Review Board
Meeting Minutes, Open Session January 9, 2019

Drug Utilization Review Board
Meeting Location: DXC Technology,
Building #283, Capital Room 6511
SE Forbes Ave, Topeka, KS 66619

DUR Board Members Present
Moneeshindra Mittal, MD, Chair (Phone)
LaTonyua Rice, PharmD, CGP
Katie Burenheide Foster, MS, PharmD
Jennifer Clair, MD
Serena Stutzman, APRN
Tim Heston, DO
Roger Unruh, DO
James Backes, PharmD

KDHE/DHCF/Contractor Staff Present
Annette Grant, RPh
Margaret O'Donnell, Transcriptionist

DXC Technology Staff Present
Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN

HID Staff Present
Taylor DeRuiter, Pharm.

MCO Staff Present
Angie Zhou, PharmD, Sunflower Health Plan
Jennifer Murff, RPh, UnitedHealthcare
Alan Carter, PharmD, Aetna Better Health of Kansa

Public Attendees:
Kim Glenn, Kim McBratney, Joe Eberwein, Scott Brunner, Aetna; Melody Dowling, UHC; Erin Kelley, Jordan Legino, KDHE; Jim Baumann, Phil King, Pfizer; Jeff Knappen, Spark; Stephanie Kasmussen, Sunflower; Ariel Kalie, Dan Maskil, Dustin Bennett, Cerner; Kari Rinker, MS Society; Tami Sova, Biogen; Susan Zalenski, Johnson & Johnson; Chris Coleman, Harmony Biosciences; Garth Wright, Genentech; Rick Kamler, Jeff Mussark, Otsuka, Tom Devine, Teva

*Illegible names on the sign-in sheet were not included.

TOPIC	DISCUSSION
I. Call to Order	Dr. Backes called the meeting to order at 10:10 a.m. (Quorum met)
Announcements and Introductions	Ms. Grant introduced Alan Carter, the Pharmacy Director for Aetna
II. Old Business **A. Review and approval of October 10, 2018 Meeting Minutes**	**Board Discussion:** None. **Decision and/or Action:** Dr. Unruh moved to accept the minutes as written. Ms. Stutzman seconded the motion. The motion was approved unanimously.
III. New Business **A. Revised Prior Authorization (PA) Criteria** 1. Spinraza™	**Background:** Spinraza™ is a survival motor neuron-2-directed antisense oligonucleotide indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients. Prior authorization criteria for this agent was last revised in July 2017. The prior authorization criteria are being updated to ensure appropriate use based upon the FDA-approved labeling and available drug information. **Public Comment:** None. **Board Discussion**: This was tabled at the October DUR meeting, due to new study results that just became available, which the State wanted to incorporate in the PA prior to reviewing at the DUR Board meeting. The cost of treatment was also discussed. **Decision and/or Action:** Dr. Foster moved to approve. Dr. Unruh seconded the motion. The motion was approved unanimously.

TOPIC	DISCUSSION
A. Revised Prior Authorization (PA) Criteria **2**. CGRP Antagonists (Emgality™[galcanezumab-gnlm])	**Background:** Calcitonin gene-related peptide receptor (CGRP) antagonists are medications indicated for the prevention of migraine. During the October 2018 meeting, the Board approved prior authorization criteria for the CGRP antagonist, Ajovy™. Since that time, another CGRP antagonist, Emgality™, has been FDA-approved for the prevention of migraine. This PA utilizes the same criteria to ensure consistency and appropriate use between similar agents. **Public Comment:** None. **Board Discussion:** There was a question about why all CGRPs aren't looked at together rather than in different drug classes. The State responded that it would be hard to combine them because of the different indications. **Decision and/or Action:** Dr. Foster moved to approve. Dr. Rice seconded the motion. The motion was approved unanimously.
A. Revised Prior Authorization (PA) Criteria 3. Anti-Constipation Agents (Motegrity™[prucalopride])	**Background:** Motegrity™ is a selective serotonin type 4 (5HT4) receptor agonist indicated for the treatment of chronic idiopathic constipation in adults and is included in the Anti-Constipation Agents PA Criteria. The prior authorization criteria were last revised in April 2018. The prior authorization criteria are being revised to be consistent with other agents and to ensure appropriate and cost-effective use. **Public Comment:** None.

TOPIC	DISCUSSION
A. Revised Prior Authorization (PA) Criteria 3. Anti-Constipation Agents (Motegrity™[prucalopride]) **(Continued)**	**Board Discussion:** None. **Decision and/or Action:** Ms. Stuzman moved to approve. Dr. Clair seconded the motion. The motion was approved unanimously.
A. Prior Authorization (PA) Criteria 4. Botulinum Toxins	**Background:** Botulinum toxins carry multiple FDA-approved indications for use. Prior authorization criteria were last revised in October 2018. The prior authorization criteria are being revised for the step therapy requirements for the migraine prevention indication, consistent with other agents and to ensure appropriate and cost-effective use. **Public Comment:** None. **Board Discussion:** None. **Decision and/or Action:** Dr. Rice moved to approve. Dr. Foster seconded the motion. The motion was approved unanimously.
B. New Prior Authorization (PA) Criteria 1. Arikayce®	**Background:** Arikayce® is an aminoglycoside antibiotic indicated for Mycobacterium Avium Complex (MAC) lung disease in adults who have limited or no alternative treatment options, as part of a combination antibacterial drug regimen in patients who do not achieve negative sputum cultures after a minimum of six consecutive months of a multidrug background regimen therapy. The prior authorization criteria are being

TOPIC	DISCUSSION
B. New Prior Authorization (PA) Criteria 1. Arikayce® **(Continued)**	proposed to ensure appropriate use based upon the FDA-approved labeling information and to ensure appropriate and cost-effective use. **Public Comment:** **Board Discussion:** The State commented that there was an off-label request for this drug for an adolescent that was outside the safety parameters who had not tried other lines of therapy first, and stressed the need to try safer drugs first. **Decision and/or Action:** Dr. Heston moved to approve. Dr. Unruh seconded the motion. The motion was approved unanimously.
B. New Prior Authorization (PA) Criteria 2. Step Therapy Guidelines for Prior Authorization Criteria	**Background:** A step therapy approach to care requires the use of a clinically recognized first-line or previously available drug before approval of a more complex and often more expensive medication where the safety, effectiveness and value has not been well established. General guidelines to be used for the drafting of step therapy prior authorization criteria for medications are being proposed. **Public Comment:** Kari Rinker with the National MS Society spoke about the importance of the patient voice in the step therapy process. Jim Baumann with Pfizer discussed the implementation of the step therapy guidelines.

TOPIC	DISCUSSION
B. New Prior Authorization (PA) Criteria 2. Step Therapy Guidelines for Prior Authorization Criteria **(Continued)**	**Background:** The state explained that the guidelines being presented are what the state has been using when drafting the Step Therapy PAs, that are proposed at the DUR Board meetings. The State has received very little response from the providers about the Step Therapy Program and so believed that the process in place should be put into an official policy. There is a Step Therapy website link posted on the KDHE Pharmacy page and the guidelines, if approved, would be posted on that link as well. The State also provided information regarding the significant cost avoidance associated with this program. **Board Discussion:** None. **Decision and/or Action:** Ms. Stutzman moved to approve. Dr. Foster seconded the motion. The motion was approved unanimously.
C. Miscellaneous Items 1. Fee-for-Service Retrospective Drug Utilization Review Topic Selections	**Background:** The DUR Board will select topics for the two RDUR intervention topics between August and November of 2018. Dr. DeRuiter provided a description and data for each of the four choices the Board has to choose from: 1. Therapeutic duplication of atypical antipsychotics. 2. Therapeutic duplication of mood stabilizers. 3. Development of suicide risk associated with select antiepileptic medications. 4. Valproate and the risk of pancreatic injuries. **Public Comment:** None. **Board Discussion:** There was a question about whether these guidelines could be less broad and apply to a specific group.

TOPIC	DISCUSSION
C. Miscellaneous Items 1. Fee-for-Service Retrospective Drug Utilization Review Topic Selections **(Continued)**	The board chose the following two R-DUR interventions: 1. Patients receiving multiple mood stabilizing agents concomitantly (DUR board passed with the stipulation that it be limited to patients on at least 4 different agents) 2. Development of suicide risk associated with patients on select antiepileptic medications (DUR board passed with the stipulation that it be limited to patients NOT receiving AEDs for seizure/epilepsy diagnosis). **Decision and/or Action:** Dr. Foster moved to approve. Ms. Stutzman seconded the motion. The motion was approved unanimously.
II. Open Public Comment	None.
III. Adjourn	Ms. Stutzman moved to adjourn. Dr. Heston seconded the motion. The motion to adjourn was approved unanimously. The meeting adjourned at 11:35 a.m. **The next DUR Board meeting is scheduled for April 10, 2019.**

All approved PA criteria are posted to the KDHE website- http://www.kdheks.gov/hcf/pharmacy/pa criteria.htm